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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027575 (5)

EXTREME PRODUCTIONS, INC.

FILED Feb 25 1997 8:00am Secretary of State



	e of Business	ivia	iling Address			TITLE LIEUTHER BILLE BEILE BERLEUR BERLEUR	marin tenin sund: mieri iff	
47 E ROBINSON SUITE 208 ORLANDO FL 32801			47 E ROBINSON SUITE 208 ORLANDO FL 32901-3662					
						3. Date incorporated or Qualified 03/25/1996	3a. Date of Last	Report
2. Principal P	lace of Business	28.	Mailing Address			4. FEI Number	/	Applied For
21		26				59-3370261	, in	lot Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 ' '	Additional Required
City & State	9		City & State			6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution		lo Fees
Zip	Country		Zip	Coun	lry	B. This corporation has liability for in		s. 199.032,
24	25	29		30			Yes No	
	9. Name and Address	of Current Regist	ered Agent		21	10. Name and Address of New Reg	listered Agent	.,
DISH	iman, sean			8	1 Name			4
	ROBINSON SUITE 20	8		Ë	2 Street Ad	dress (P.O. Box Number is Not Acceptable	e)	
	ANDO FL 32801					`	····	
]6	3			
),	4 City		- 85 Zij	Code
							FL	
11. Pursuant office or r	to the provisions of Sectio egistered agent, or both, i	ns 607.0502 and 60 in the State of Floric	07.1508, Florida Statu la. Such change was Section 607.0505, Fl	tes, the abo authorized	ove-named co by the corpor	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing t the appointment a	its registered is registered
	Thiamiliar with, and accep	K trie Obligations of	, 500,001,001,0000,11	ionga otato				
SIGNATURE	Signature typed or printed name of					uired when reinstelling)	DATE	
	Signature, typed or printed name of		if applicable. (NO				DATE	
SIGNATURE	Signature, typed or printed name of	fregistered agent and title	if applicable. (NO	TE: Registered /	Agent signature req	uired when reinsteling)	DATE	
SIGNATURE	Signature, typed or printed harne of OFF	fregistered agent and title	if applicable. (NO	TE: Registered /	Agent signature req	uired when reinsteling)	DATE ERS AND DIRECTO	
SIGNATURE 12. TITLE	Signature typed or printed hards of OFF D DISHMAN, SEAN	registered agent and title ICERS AND DIREC	if applicable. (NO	13. 1.1 TITU 1.2 NAM	Agent signature req	uired when reinsteling)	DATE ERS AND DIRECTO	
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

ATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-92

Daytime Phone #